PRODUCT OPINION LABORATORY - P.O. Box 26563 . Richmond, VA 23261 - Phone: (804) 271-3368

ONLY THE PERSON WHOSE NAME APPEARS ON THIS LABEL SHOULD TAKE THE TEST.

PLEASE RETURN BALLOT BY:

V-4764-2 (BLACK CODES)

Please print name/address corrections on label. Does the change apply to all family members ____ or just to you ____?

If Address Changed: What is your new phone number? (Please include area code.) _____

Dear Panelist:

Please complete this ballot after you have smoked five packs of cigarettes. Read the directions carefully before completing the ballot.

When the ballot is completely filled out, please return it to me in the enclosed postage-paid envelope. Thank you very much--your cooperation in this test is most helpful.

D. D. Ferguson

Study Leader

PART I

Read the phrases at each end of each line of boxes. Which phrase do you think describes the cigarette coded S2. If the one on the left describes it better, mark an X in one of the boxes on the left side--the more you think the description is true, the closer to the left side. If you think the phrase on the right side of the boxes is a better description, mark one of the boxes on the right side--again the truer it is, the closer to the right side.

THE CIGARETTE CODED S2 . . .

Does not have a mild taste	☐	☐	☐	☐	☐	☐	☐	Has a mild taste
Is not harsh	☐	☐	☐	☐	☐	☐	☐	Is harsh
Does not have a good taste	☐	☐	☐	☐	☐	☐	☐	Has a good taste
Is not satisfying	☐	☐	☐	☐	☐	☐	☐	Is satisfying
Is not cool smoking	☐	☐	☐	☐	☐	☐	☐	Is cool smoking
Does not leave a coating in my mouth	☐	☐	☐	☐	☐	☐	☐	Leaves a coating in my mouth
Does not have a dry taste in the mouth	☐	☐	☐	☐	☐	☐	☐	Has a dry taste in the mouth
Does not leave an aftertaste in my mouth	☐	☐	☐	☐	☐	☐	☐	Leaves an aftertaste in my mouth
I dislike extremely	☐	☐	☐	☐	☐	☐	☐	I like extremely

NV-8A

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Source: https://www.industrydocuments.ucsf.edu/docs/yjxk0000

PART II

1. What, if anything, did you like about the cigarettes? _____

_____

_____

2. What, if anything, did you dislike about the cigarettes? _____

_____

_____

3. How many of THESE TEST cigarettes are you smoking per day? _____

What brand do you usually smoke? _____

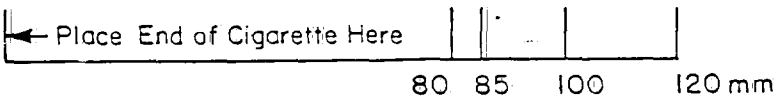
(Please be specific, e.g., Marlboro Lights, Kent III, Kool Milds, etc.)

Is it filtered? ☐ Yes ☐ No (check one)

Is it menthol? ☐ Yes ☐ No (check one)

*If it is filtered, is it ☐ King Size (85mm or less) or ☐ Extra Long (100/120mm)?

*If needed, use scale below to determine cigarette length.



THANK YOU!

For your help, we will send you one additional carton of these cigarettes coded _____ that you have been smoking or a carton of any commercially available cigarette.

Which would you prefer?

☐ Cigarette coded S2

☐ Other _____

(Please specify: example, Marlboro Lights, Kent III, Kool Milds, etc.)

NV-8A

1000405480

Source: https://www.industrydocuments.ucsf.edu/docs/yjxk0000